

**CONFIDENTIAL**

**CONFIRMATION OF CHILD'S TRIBAL AFFILIATION OR ELIGIBILITY**

This notice is forwarded to you on behalf of the New Jersey Division of Child Protection and Permanency (CP&P) because the below named child is involved in a matter pending before the division, and the child, the child's parent(s) or other person reasonably believed to be knowledgeable of the child's heritage has asserted that the child is or may be and member of a Native American tribe, or may be eligible for such membership.

By this notice, CP&P requests that you confirm or deny the child's membership or eligibility for tribal membership. Pursuant to the Indian Child Welfare Act, your response is requested within 20 days of receipt, to:

Agency Representative: (Concurrent Planner)

Telephone:

Email:

Mailing Address:

Any questions may be addressed to the agency representative identified above.

Child Information
Name:
Date of Birth:
Place of Birth:
Asserted Tribal Affiliation:
Parent Information
Mother's Name:
Mother's Date of Birth:
Mother's Place of Birth:
Mother's Current Address or If Deceased, Date and Place of Death:
Mother's Asserted Tribal Affiliation:
Father's Name:

*The contents of this notice are confidential pursuant to NJSA 9:6-8.10a and the Indian Child Welfare Act. Disclosure to persons other than the intended recipient of this notice is prohibited.*

Father's Date-of-Birth
Father's Place of Birth
Father's Current Address or If Deceased, Date and Place of Death:
Father's Asserted Tribal Affiliation:

☐ Check here if information on additional legal or potential fathers is attached.

Other Relative Information			
Name	Relation to Child (Specify Maternal or Paternal)	Address	Asserted Tribal Affiliation

Other Information Relevant to Determination of Child's Tribal Membership or Eligibility: (Include specifically: (1) has the child or relative ever resided on federal trust land, an Indian Reservation, or in an Alaska Native village, (2) has the child or relative attended an Indian school, or (3) has the child or relative ever received medical treatment at an Indian health clinic or Health Service hospital)